

Services

Array of Core Services

The BHTWG proposes a meaningful and efficient system of care in the State of Idaho. This system of care features availability and access to an array of behavioral health services (both mental health and substance abuse) on as local a level as possible.

Core services are defined as an array of services including those that are community based, emergent, medically necessary, and required by law. The intent is to provide a “floor” of services, or a framework, which is available in each region. This framework is intended to span prevention, intervention, treatment and recovery so that coordinated efforts are enabled to redirect supports from the more expensive emergent and medically necessary services to more effective and less costly prevention, intervention and recovery services. Core services will be provided in accordance with statewide standards which will include, at minimum, monitoring for quality, consistency and timeliness. These services will be delivered from a client-centered perspective. Effectiveness of service delivery will be determined by examining quality of life measures as well as other standardized outcome-based instruments.

The array of core services will be provided for in a way that:

- ◆ Is outcome oriented.
- ◆ Features accessibility on as local a level possible
- ◆ Is integrated across responsible agencies and entities
- ◆ Distinguishes between, accommodates the differences, and meaningfully supports the child, the adult, and the transition between them.
- ◆ Recognizes the importance of family involvement and utilization of natural support systems.
- ◆ Fosters the involvement of qualified and experienced psychiatric care providers or psychiatrists.

Within the context of this proposal, the BHTWG recognizes certain realities, all of which will influence transformation development in a given region. The BHTWG acknowledges that:

1. Each region features a different mix of professional expertise and community volunteerism, and that the array of services might be achieved through different types of venues or may have a different configuration from one region to another;
2. Core services will be available in all regions, but the prevalence of any core service may vary among regions as appropriate to reflect the needs of a region's targeted population;
3. Regions will develop local access standards using their own demographics, geography and availability of services within pocketed areas of their region;
4. Some regions might look to their neighboring regions to help make a service available that is not available in their own;

5. There may be an inclination for providing emergent and medically necessary services as a priority over other services, and that preventative and recovery services are critical to effectively supporting an individual;
6. The delivery of preventative and community-based services can in some cases be provided at relatively low cost, and with effective delivery of these services, enhance an individual's quality of life while decreasing the cost of emergent and medically necessary services;
7. The goal is for regions to be able to deliver this array of services without depending upon the state to provide the same services;
8. Regions have the authority and flexibility to build their service delivery systems in good faith, making reasonable attempts to make all core services available;
9. Regions be poised to succeed in ultimately delivering the complete array of core services;
10. This array of core services is intended to provide a consistent "floor" of services for individuals throughout Idaho; regions may opt to provide an array of services that exceed those proposed here, and that such an initiative is desirable;
11. The development of the regional system will occur in a transitional manner, potentially learning from the experience of a pilot region and/or by a phased in approach to making the array of services available.
12. Some functions now managed by the state may be phased into regional responsibility.

Core services are to be targeted to citizens of the state of Idaho on a sliding fee scale basis (to be determined) and will include adults with severe mental illness, children and adolescents with serious emotional disorders, and individuals with substance use and co-occurring disorders.

The Regional Behavioral Health System shall provide for the following array of services (draft definitions follow on subsequent pages), resulting in a comprehensive behavioral health system in each of the seven judicial regions of the state of Idaho.

No.	Service	Emergent	Medically Necessary	Structurally Necessary	Community-Based (non-institutional)	Medicaid covered	Substance Abuse	Mental Health	Adult	Child
1.	Assertive Community Treatment (ACT), Intensive Case Management Services and Wraparound	X	X		X	+/-	X	X	X	X
2.	Assessments and Evaluations	X	X	X	X	+/-	X	X	X	X
3.	Case Management Services		X		X	X	X	X	X	X
4.	Designated Examinations and Dispositions	X	X	X	X			X	X	X
5.	Intensive Outpatient Treatment				X	+/-	X	X	X	X
6.	Illness Self-Management and Recovery Services				X		X	X	X	
7.	Inpatient Psychiatric Hospitalization	X	X			X	X	X	X	X
8.	Medication Management		X	X	X	X	X	X	X	X
9.	Peer Support Services				X		X	X	X	
10.	Prevention Services				X		X	X	X	X
11.	Early Intervention Services for Children and Adolescents				X		X	X		X
12.	Psychiatric Emergency and Crisis Intervention services (24/7 with open door access)	X	X	X	X	+/-	X	X	X	X
13.	Psychotherapy (including trauma-informed care and cognitive behavioral therapy)		X		X	X	X	X	X	X
14.	Alcohol and Drug Residential Treatment	X	X				X		X	X
15.	Supported employment				X		X	X	X	
16.	Supported housing				X		X	X	X	
17.	Transportation		X		X	X	X	X	X	X
18.	24-Hour Out-Of-Home Treatment Interventions For Children And Adolescents	X		X			X	X		X
19.	Day Treatment, Partial Care and Partial Hospitalization			X	X	X	X	X	X	X

Table 2: Core Services

Definitions of Core Services

1. Assertive Community Treatment (ACT), Intensive Case Management Services and Wraparound

a. Assertive Community Treatment (ACT)

ACT consists of proactive interventions provided to adults with serious, disabling mental illness for the purpose of increasing community tenure, elevating psychosocial functioning, minimizing psychiatric symptomatology, and ensuring a satisfactory quality of life. Services include the provision and coordination of treatments and services delivered by multidisciplinary teams using an active, assertive outreach approach and including comprehensive assessment and the development of a community support plan, ongoing monitoring and support,

medication management, skill development, crisis resolution, and accessing needed community resources and supports.

b. Intensive Case Management

Intensive case management is an intensive community rehabilitation service for individuals at-risk of hospitalization or for crisis residential or high acuity substance abuse services. Services include: crisis assessment and intervention; individual restorative interventions for the development of interpersonal, community coping and independent living skills; development of symptom monitoring and management skills; medication prescription, administration and monitoring; and treatment for substance abuse or other co-occurring disorders. Intensive case management also includes coordinating services, referral, follow-up, and advocacy to link the individual to the service system. Services can be provided to individuals in their home, work or other community settings. Services may be provided by a team or by an individual case manager.

c. Wraparound

Wraparound is an intensive and individualized care management process for youths with serious or complex needs. During the wraparound process, a team of individuals who are relevant to the well-being of the child or youth (e.g., family members, other natural supports, service providers, and agency representatives) collaboratively develop an individualized plan of care, implement this plan, and evaluate success over time. The wraparound plan typically includes formal services and interventions, together with community services and interpersonal support and assistance provided by friends, kin, and other people drawn from the family's social networks. The team convenes frequently to measure the plan's components against relevant indicators of success. Plan components and strategies are revised when outcomes are not being achieved.

2. **Assessment and Evaluation**

Assessment and evaluation define or delineate the individual's mental health/substance abuse diagnosis and related service needs. Assessment and evaluation services are used to document the nature and status of the individual's mental health status in terms of interpersonal, situational, social, familial, economic, psychological, and other related factors. These services include at least two major components: 1) screening and evaluation (including medical, bio-psychosocial history; home, family, and work environment assessment; and physical and laboratory studies/testing and psychological testing as appropriate); and 2) a written report on the evaluation results to impart the evaluator's professional judgment as to the nature, degree of severity, social-psychological functioning, and recommendations for treatment alternatives.

3. **Case Management (service coordination)** (case load capacity to be determined by an acuity-based formula)

This service provides supportive interventions to assist individuals to gain access to necessary medical, habilitative, rehabilitative and support services to reduce psychiatric symptoms and to develop optimal community living skills. Service Coordination needs are assessed and documented on the comprehensive treatment plan to meet the individual's specific needs. Service Coordination services may include coordinating services, referral, follow-up, and advocacy to link the individual to the service system and to coordinate the various system components to assure that the multiple service needs of the individual are met. Service Coordination may also provide assistance for obtaining needed services and resources from multiple agencies (e.g., Social Security, Medicaid, Prescription Assistance Programs, food stamps, housing assistance, health and mental health care, child welfare, special education, etc.), advocating for services, and monitoring care. Case management also assists in the transition of adolescent consumers as they age out of the children's system and into the adult system and the transition to adulthood.

4. Designated Examinations and Dispositions

A designated examination is a personal examination of a proposed patient to determine if the proposed patient is: (i) mentally ill; (ii) likely to injure himself or others or is gravely disabled due to mental illness; and (iii) lacks capacity to make informed decisions about treatment and should be involuntarily committed to the Department of Health and Welfare (Department). A designated examiner must be a psychiatrist, psychologist, psychiatric nurse, social worker or other mental health professional designated in rule and specially qualified by training and experience in the diagnosis and treatment of mental illness. A dispositioner is a designated examiner employed by or under contract with the Department to determine the least restrictive appropriate location for care and treatment of involuntary patients.

5. Intensive Outpatient Treatment

a. Home-Based Mental Health Services

Intensive home-based treatments are time-limited intensive therapeutic and supportive interventions delivered in the home and are intended to prevent hospitalization. These services are available twenty-four hours a day, seven days a week. Services are multi-faceted in nature and include: situation management, environmental assessment interventions to improve individual and family interactions, skills training, self and family management, and independent living skills training.

b. Intensive Outpatient Substance Use Disorder Treatment

This service provides a time limited, multi-faceted approach treatment service for persons who require structure and support to achieve and sustain recovery. Intensive outpatient treatment programs generally provide nine or more hours of structured programming per week, consisting of group and family counseling, job preparedness, relapse prevention, and education. Programming may be delivered during the day, evenings, and/or weekends. The amount of weekly services per individual is determined by the individualized treatment plan, and may flexibly vary

from nine through twenty (20) hours. The patient's needs for medical services are addressed through consultation or referral arrangements.

6. Illness Self-Management and Recovery Services

Illness self-management uses structured techniques and strategies for managing mental illness/substance use disorders and ongoing self-assessment and self-monitoring to facilitate recovery from mental illnesses/substance use disorders. Several manualized self-management programs have been developed in recent years, including Copeland's Wellness Recovery Action Planning known as WRAP (Copeland 1997). WRAP is a program in which participants identify internal and external resources for facilitating recovery, and then use these tools to create their own, individualized plan for successful living.

7. Inpatient Psychiatric Hospitalization

The goal of inpatient care is to stabilize the individual displaying the acute symptoms. This service is available for individuals who are in direct danger to self or others, and/or in acute crisis, including substance use withdrawal. This service provides twenty-four (24) hour care in a hospital requiring short-term, intensive, medically supervised treatment, consistent with the individual's needs. Services provided in an acute psychiatric hospital include, but are not limited to, psychiatric care, monitoring of medication, health assessment, nutrition, therapeutic interventions, observation, case management and professional consultation.

8. Medication Management

a. Medication Management/Pharmacotherapy

Medication management is a pharmacotherapy service provided by a psychiatrist, physician or other individual licensed to prescribe medications to assess and evaluate the individual's presenting conditions and symptoms, medical status, medication needs and/or substance abuse status. This includes evaluating the necessity of pharmacotherapy or other alternative treatments, prescribing, preparing, dispensing, and administering oral or injectable medication. Informed consent must be obtained for each medication prescribed.

b. Medication Administration/Monitoring

Medication services are goal-directed interventions to administer and monitor pharmacological treatment. Oral, injectable, intravenous, or topical medications and treatments are administered and their positive and negative effects monitored. This includes medications used to treat substance abuse or addiction. There is a focus on educating and teaching individuals and members of their support system as to the effects of medication and its impact on alcohol/drug abuse/dependence and/or mental illness. Counseling related to medication management and case coordination with other practitioners involved with the individual is necessary to assure continuity of care. These are primarily face-to-face services contacts, rendered as both facility-based and "in vivo."

c. Laboratory Tests

Laboratory tests are also used to diagnose and treat behavioral health and medical disorders and provide pharmacologic management. Laboratory tests may include, but are not limited to: urinalysis and other formal drug screenings, blood tests, and tests for sexually transmitted diseases.

9. Peer Support Services

Peer support services provide an opportunity for individuals to direct their own recovery and advocacy process and to teach and support each other in the acquisition and exercise of skills needed for management of symptoms and for utilization of natural resources within the community. This service provides structured, scheduled activities that promote socialization, recovery, self-advocacy, development of other natural supports, and maintenance of community living skills. Trained and certified consumers actively participate in decision-making and the operation of the programmatic supports.

10. Prevention Services

The goal of this service is to prevent suicide, mental illness, and/or substance abuse. Prevention activities include various strategies aimed at educating the community at large and selective educational and informational strategies for certain individuals who are at greatest risk for suicide, mental illness and/or substance abuse. A system of prevention involves clear boundaries and expectations, and a comprehensive scope of pro-social activities and educational services designed to increase protective factors and reduce risk factors among all in a community (universal). One of the keys to prevention of suicide, mental illness and substance abuse is training "gatekeepers" in how to recognize the early signs and symptoms. Gatekeepers are those individuals that have frequent contact with moderate to high risk populations.

11. Early Intervention Services for Children and Adolescents

Early intervention services are designed to address problems or risk factors that are related to mental illness and substance abuse. These services are designed to provide information, referral and education regarding symptoms and treatment to assist the individual in recognizing the risk factors for mental illness and substance abuse. Early intervention and education is an organized service that may be delivered in a wide variety of settings. Early intervention may include time-limited respite care services.

12. Psychiatric Emergency and Crisis Intervention Services (24/7 with open door access)

a. Crisis Intervention/Mobile Crisis

Crisis intervention services are immediate, crisis-oriented services designed to ameliorate or minimize an acute crisis episode and to prevent inpatient psychiatric hospitalization or medical detoxification. Services are provided to adults, adolescents and their families or support systems who have suffered a breakdown of their normal strategies or resources and who exhibit acute problems or disturbed

thoughts, behaviors or moods. The services are characterized by the need for highly coordinated services across a range of service systems. Crisis intervention services should be available on a 24-hour, seven-day per week basis. Services can be provided by a mobile team or by a crisis program in a facility or clinic. Crisis intervention services include: crisis prevention, acute crisis services, and support services.

b. Crisis Residential Treatment/Respite Care Services

Crisis residential treatment services provide 24 hour supports for adults for the purpose of ameliorating a crisis in the least restrictive setting while trying to maintain the person's linkages with their community support system. Services include: continuous and close supervision, medical, nursing and psychiatric services and referral to community-based services. Crisis residential treatment services are provided in non-hospital setting. Crisis residential lengths of stay generally should not exceed 10 days.

13. Psychotherapy (including trauma-informed care and cognitive behavioral therapy)

a. Individual Psychotherapy

Individual counseling consists of various evidence-based professional therapeutic interventions and is used to address an individual's alcohol or drug abuse and/or emotional, behavioral or cognitive problems. Personal trauma, family conflicts, responses to medication, connecting with and utilizing natural supports, and other life adjustments reflect a few of the many issues that may be addressed. Services may be provided in various settings.

b. Group Psychotherapy

Group psychotherapy consists of therapeutic interventions provided to a group of children, adolescents or adults to address an individual's alcohol or drug abuse and/or emotional, behavioral or cognitive problems. Personal trauma, family conflicts, responses to medication, and other life adjustments reflect a few of the many issues that may be addressed. Services may be provided in various settings. Group size should be at least three or more, but fewer than 10 individuals.

c. Family Psychotherapy for Children and Adolescents

Interventions directed toward an individual and family to address emotional or cognitive problems which may be causative/exacerbating of the primary mental disorder or have been triggered by the stress related to coping with mental and physical illness, alcohol and drug abuse, and psychosocial dysfunction. Personal trauma, family conflicts, family dysfunction, self-concept responses to medication, and other life adjustments reflect a few of the issues that may be addressed. Includes Multi-Systemic Therapy (MST), Functional Family Therapy (FFT) and Parenting with Love and Limits (PLL).

14. Alcohol and Drug Residential Treatment

This service is a twenty-four hour residential rehabilitation treatment for adults or adolescents with chronic alcoholism or drug dependency who lack an adequate social support system and need supervised treatment to achieve a substance-free lifestyle and explore and instill ways of functioning in a work setting, within the family, and in the community in accordance with the individual's treatment plan. Services include: medication administration, case management and monitoring and individual and group recovery-based services. Some individuals may be experiencing and be monitored for minor detoxification.

15. Supported Employment, including Vocational Rehabilitation when needed

a. Supported Employment

Supported employment provides on the job supports in an integrated work setting with ongoing support services for adults with the most severe disabilities for whom competitive employment: a) has not traditionally occurred; b) has been interrupted or intermittent as a result of severe disability; and c) who, because of the nature and severity of their disability, need intensive supported employment services in order to perform work. Activities are performed by a job coach and/or job specialist/case manager in conjunction with a job developer to achieve a successful employment outcome.

b. Job Preparedness

Job preparedness consists of activities directed at assisting individuals to develop skills to gain and maintain employment. Job preparedness services include: providing instruction in the areas of resume writing, job application preparation, and appropriate job interview responses. These activities also emphasize the importance of being ready to seek and hold employment is discussed, including proper nutrition, cleanliness, and physical appearance, allocating daily costs, and taking prescribed medication.

16. Supported Housing (housing first, etc.)

Supported housing is a safe and secure place to reside which is affordable to consumers and permanent as long as the consumer pays the rent and honors the conditions of the lease. In some models, consumers **are not** required to participate in services to keep their housing, although they are encouraged to use services. Supported housing should be individualized services available when the consumer needs them and where the consumer lives.

17. Transportation

Transportation services are used to move individuals to and from covered medically necessary medical or behavioral health examinations, treatment and services. This service may be provided in staff-driven vehicles, or by assistance with the cost or process of arranging for and/or using public or private transportation.

18. 24-hour Out-of-Home Treatment Interventions for Children and Adolescents

a. Residential Treatment

Time limited services are designed to assist children or adolescents to develop skills necessary for successful reintegration into the family or transition into the community. Residential treatment centers provide an interdisciplinary psychotherapeutic treatment program on a 24-hour basis to eligible recipients. Services provided in this setting include: individual, groups and family therapy, behavior management, skill building and recreational activities. Services must be rehabilitative and provide access to necessary treatment services in a therapeutic environment.

b. Treatment Foster Care

Time limited community based treatment services provided to children or adolescents who are placed in 24-hour supervised, trained and surrogate family settings. Intensive therapeutic foster care services incorporate clinical treatment services, which are behavioral, psychological and psychosocial in orientation. Services must include clinical interventions by the specialized therapeutic foster parent(s) and a clinical staff person. Services included in individualized care plans are designed to assist the child or adolescent to develop skills necessary for successful reintegration into the natural family or transition into the community. The family living experience is the core treatment service.

19. Day Treatment/Partial Care Services and Partial Hospitalization

a. Day Treatment and Partial Care for Children and Adolescents

A non-residential treatment program designed for children and adolescents who may be at high risk of out-of-home placement. Therapeutic Day Treatment services are a coordinated and intensive set of therapeutic, individual, family, multi-family and group services and social recreational services. Day Treatment Services provide a minimum of three hours of structured programming per day, two-to-five times a week, based on acuity.

b. Partial Hospitalization for Adults

A distinct and organized intensive ambulatory treatment service offering less than 24-hour daily care that is reasonable and necessary for the diagnosis or active treatment of the individual's condition, reasonably expected to improve or maintain the individual's condition and functional level and to prevent relapse or hospitalization.